

Euthanasia

“Voluntary Active Euthanasia”
Dan Brock.

Prelims

Voluntary Active Euthanasia (VAE)

Vs.

Physician Assisted Suicide (PAS)

Vs.

Passive Euthanasia (PE)

Prelims

In VAE: The doctor injects the consenting and competent patient with a lethal dose of medication/drug in order to quickly put the patient to death.

In PAS: The doctor gives the consenting and competent patient the means to quickly bring about her death (the patient ‘acts last’ vs. the doctor ‘acting last’).

In PE: Upon the request of the patient (or surrogate), life sustaining treatment is *withheld* or *withdrawn*.

Brock’s primary case for VAE

The Argument from Self-determination:

Our right to self-determination (autonomy) extends to the manner and time of our death.

Objection: But VAE is still an instance of intentionally killing an innocent human being. Doctors especially are not permitted to kill their patients.

Brock’s response: It’s false to claim that doctor’s are never permitted to intentionally kill their patients.

- E.g. passive euthanasia (PE)
- Performing PE (i.e. removing life support) is intentionally killing the patient; and PE is widely seen as permissible. So it’s not the case that physicians are never permitted to kill their patients.

Question for Brock

But why think that removing life support is an instance of killing the patient vs. letting the patient die?

Brock has two answers

Answer 1: The difference between killing and letting die is the difference between acting and omitting action.

To kill x is to perform an act that causes the death of x.

- E.g. I push you in front of the train

To let x die (or allow x to die), is to knowingly have the power to prevent the death of x, omit (or refrain) from doing so, which results in the death of x.

- E.g. life preserver example?

Given the act/omissions distinction, then, we can see that removing life support is killing the patient.

Answer 2: Consider the following case:

A patient is terminally ill with ALS disease. She is completely respirator dependent with no hope of ever being weaned. She is unquestionably competent but finds her condition intolerable and continually asks to be removed from the respirator so that she can die.

Suppose the patient has a greedy and hostile son who mistakenly believes that his mother will never decide to stop her life-sustaining treatment and that even if she did her physician would not remove her from the respirator. Afraid that this inheritance will be dissipated by a long and expensive hospitalization, he enters his mother's room while she is sedated, extubates her, and she dies.

If removing life support is letting someone die, then the 'greedy son' (p.50) let his mother die. But intuitively he killed his mother (it's odd to say he just 'let her die'). So, it's not the case that removing life support is letting someone die.

Another objection to the arg. from self determination

Yes, considerations of autonomy have some force. But killing is always morally worse than letting die. Euthanasia is killing. So when faced with the option of performing euthanasia or letting someone die, a physician should never choose euthanasia.

Brock's response: He denies the claim that killing is always worse than letting die. Consider the two cases of the gravely ill patient.

Brock's response

Case 1 (X is allowed to die): X arrives at ICU and needs to be intubated. X's family informs ICU that this was not X's wish. So they do not intubate and he dies.

Case 2 (X is killed): Same as case 1 but the family was stuck in traffic so they couldn't tell ICU of X's wishes. Doctor thus intubates X. When they arrive the doctor is informed so X is extubated.

The upshot: it's hard to see how case 2 is morally worse than case 1. So here is evidence that killing is not always worse than letting die.

Another pro euthanasia consideration

Many people may reject Brock's view because the wrongness of killing is that people have a moral right not to be killed.

Brock's rejoinder: The right to life is waivable: one can say, "I hereby declare that you no longer have a duty to not kill me." Or, "I no longer have a claim against you that you not kill me."

Possible points of confusion

Remember that passive euthanasia involves either *withdrawing* life support or *withholding* it.

- If you *withdraw* life support, you're killing according to the Brockean conception of killing.
- If you *withhold* life support, you're letting die on the Brockean conception of letting die.

Also, don't think that 'killing' is automatically morally impermissible.

And, don't think that 'letting die' is automatically permissible.

Continuing with Brock's over-all case for euthanasia.

Brock asks: even if any given case of euthanasia is *morally* permissible, should we make it *legal*?

Consequences of making it legal: potential good and bad, but good outweighs bad

Some good consequences for Brock:

1. A patient's right to self-determination and pursuit of well-being would be respected.
2. A much larger group would benefit. Polls have shown the majority of the public supports an individual's right to obtain euthanasia. Thus, making it legal would reassure people that it is available if they ever want it, and would give them a broader sense of control over their lives and process of dying.
3. Showing mercy to the suffering patient. For patients not receiving life sustaining treatment, 'pulling the plug' is not an option. Therefore, active euthanasia may be the only release from the otherwise agonizing and torturous process of dying. In some cases, it may be argued that the patient could be given pain medication to relieve the suffering and, as a result, make euthanasia unnecessary. However, the cost of sedating them is such that they are unable to interact with people and the environment.
4. Fourth, once death has been accepted, it is more humane to end life quickly, peacefully, and with less pain (assuming that is the patient's wish).

The consequences of making it legal

A very bad potential consequence:

- If we legalize euthanasia, it's *likely* that euthanasia will be performed on a *significant* number of people who do not fully consent to it (a.k.a. involuntary euthanasia [INVE]). So better to keep it illegal to keep INVE from happening.
- Why think this premise is true?

Two reasons

1. A patient might feel coerced.
2. Determining how competent, earnest, and informed a patient is takes time and energy. What's going to keep physicians accountable?

Brock answers this argument by claiming:

There's no reason to think that there will be *a lot* of cases of INVE given the following types of *procedural* safeguards we can build into the law.

The consequences of making it legal

So, prior to euthanizing, the practitioner(s) has to provide the patient with:

1. All information concerning medical condition, prognosis, treatment options, etc.
2. Sufficient time to ponder decision.
3. Alternatives to improving quality of life
4. Psychiatric evaluation

The consequences of making it legal

Brock claims that legalizing euthanasia could eventually give surrogates of patients, who are *incapable* of expressing their wishes concerning euthanasia, the legal authority to euthanize them.

Why?

This is not necessarily a bad thing (c.f. surrogates and life support)

But, admits Brock, some people such as the demented, and the debilitated elderly (who cannot express their wishes) could be vulnerable to unwanted euthanasia.

Role of Physicians

Two reasons for restricting the practice of euthanasia to physicians only.

1. Physicians would be involved in procedural safeguards
2. Protection against abuse of the practice (the training of the physician would involve how to perform euthanasia responsibly)